

**Filing Fee \$35.00**

**DOMESTIC  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**CERTIFICATE OF AMENDMENT  
BY A MAJORITY IN INTEREST  
OF THE LIMITED PARTNERS**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Partnership)

Pursuant to 31 MRSA §422.5., the undersigned deliver(s) the following amendment to the certificate of limited partnership prior to cancellation:

The name and business, residence or mailing address of each limited partner winding up the limited partnership's affairs and making up a majority in interest of the limited partnership is:

**NAME**

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Names and addresses of additional limited partners are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

DATED \_\_\_\_\_

**LIMITED PARTNER(S)\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For Limited Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*Certificate **MUST** be signed by

(1) a **majority in interest of the limited partners** OR

(2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**